

PETE STARK RE-ELECTION COMMITTEE

P.O. Box 8331

Fremont

CA

94537

FEC ID No. C00020974

☐ 24-Hour Notice ☒ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PETE STARK RE-ELECTION COMMITTEE	FEC IDENTIFICATION NUMBER C C00020974
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Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

National Structured Settlements PAC

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Amount

5000.00

Mailing Address
1800 K Street NW
Suite 718City State Zip Code
Washington DC 20006Purpose of Expenditure
ContributionCategory/
TypeOffice Sought: ☒ House State: CA
☐ Senate District: 13
☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General☐ Other (specify) : _____

Transaction ID: SE.00000

Calendar Year-To-Date Per Election
for Office Sought .00Full Name (Last, First, Middle, Initial) of Payee
American Society of Health-System PharmacistsMailing Address
7272 Wisconsin AvenueCity State Zip Code
Bethesda MD 20814Purpose of Expenditure
ContributionCategory/
TypeOffice Sought: ☒ House State: CA
☐ Senate District: 13
☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General☐ Other (specify) : _____

Transaction ID: SE.00001

Calendar Year-To-Date Per Election
for Office Sought .00

(a) SUBTOTAL of Itemized Independent Expenditures

6000.00

(b) SUBTOTAL of Unitemized Independent Expenditures

0.00

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Fortney Pete Stark

Signature

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